

-63-010465

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

042

1000

385

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

VS 300
Rev. 4/59

15117

3098

3

4 0

5 0

6

7 0

8 2

9715X

10

11

1293-0

131-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

FILED MAR 27 1963

1. PLACE OF DEATH

a. COUNTY

Buchanan

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR
TOWN

St. Joseph

Length of stay in 1b

20 years

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR

INSTITUTION State Hosp. #2

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Jackson

admission)

c. CITY

OR

TOWN

Kansas City

Inside Limits

Yes ☒ No ☐

d. STREET

(If outside, give location)

3610 Smart St.

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

FRANKLIN

Middle

CLINGAN

Last

4. DATE

OF

DEATH

Month

Day

Year

March 25, 1963

5. SEX

male

6. COLOR OR RACE

white

7. Married ☐Never Married ☒Widowed ☐Divorced ☐

8. DATE OF BIRTH

9/29/1909

9. AGE (last birthday)

53

IF UNDER 1 YEAR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

none

10b. KIND OF BUSINESS OR INDUSTRY

none

11. BIRTHPLACE (City and state or country)

Kansas City, Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Thomas F. Clingan

13b. MOTHER'S MAIDEN NAME

Adda F. Cook

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

S.S. Monosson, M.D., State Hosp., St. Joseph,

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

General debility

INTERVAL BETWEEN

ONSET AND DEATH

5 years

DUE TO (b)

Extensive bed sores

1 year

Conditions, if any,

which gave rise to

above cause (a),

stating the under-

lying cause last.

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal

disease condition given in PART I (a)

PART III. If deceased was female was

there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown

19. WAS AUTOPSY

PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF

INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,

farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from February 18, 1963 to March 25, 1963 and last saw her alive on March 25, 1963

Death occurred at 8:00 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Mohammad Tahir M.D.

22b. ADDRESS

State Hospital No. 2, St. Joseph

22c. DATE SIGNED

3-25-1963

23a. BURIAL, CREMATION,

REMOVAL (Specify)

removal

23b. DATE

3/26/1963

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

Kansas City

Missouri

24. FUNERAL DIRECTOR

ADDRESS

Heston - Bowman St. Joseph, Mo.

25. DATE RECD. BY LOCAL REG.

Mar. 26, 1963

26. REGISTRAR'S SIGNATURE

Mrs. Clark Goodell

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

APR 3 1963

Permit issued 3-26-63

APR 3 1963

0 0 0 0

0-8P

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed William Spalding

Licensed Embalmer No. 4535

P. O. Address St Joseph, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.